

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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S.D. OF N.Y.

DAVID MARTIN HABER

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

NIRHIL S. AGHAKAR, ESQ.

BENJAMIN WEINSTOCK P.A.

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: -0-

If "no," what was your last date of employment? AUG 1985

Gross monthly wages at the time: 2,500.00

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment ☐ Yes ☒ No
(b) Rent payments, interest, or dividends ☐ Yes ☒ No

- | | | |
|---|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

DMA - 1,075.00 PM 1,075.00
 SOCIAL - 1,100.00 PM 1,100.00
 SECURITY TOTAL \$2,175.00

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
 \$50.00
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
 NONE
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
 HOUSING, TRANSPORTATION, UTILITIES, LAUNDRY & CLEANING and food \$1,850.00 PER MONTHLY
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
 NONE
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:
 NONE

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

07-09-2018
 Dated

David Martin Haber
 Signature

HABER, David Martin
 Name (Last, First, MI)

Prison Identification # (if incarcerated)

250 W. 50th St., NEW YORK, N.Y. 10019
 Address City State Zip Code

646-912-9900
 Telephone Number

TUT6RP@AOL.COM
 E-mail Address (if available)

November 13, 2017

DAVID HABER
250 W 50TH ST APT 6M
NEW YORK NY 10019

In Reply Refer To: 325/NCC/MPB
C 21 000 278
HABER D M

Dear David M Haber,

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: 21 000 278
You are the Veteran.

Military Information

The character(s) of discharge and service date(s) of the veteran include:
Honorable, Air Force, 12/21/1954-11/14/1958
(There may be additional periods of service not listed above)

VA Benefits Information

Service-connected disability: No

Your combined service-connected evaluation is: 0%

Your current monthly award amount is: \$1,075.00

Are you entitled to a higher level of disability due to being unemployable: No

Are you considered to be totally and permanently disabled due to your service-connected disabilities:
No

Are you service-connected for loss of or loss of use of a limb, or are you totally blind in or missing at least one eye: No

Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant:
No

You should contact your state or local office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of veterans' affairs are available at <http://www.va.gov/statedva.htm>.